

CONFIDENTIAL

State of Minnesota

County

District Court

Judicial District:

Court File Number:

Case Type:

Plaintiff/Petitioner

vs / and

Defendant/Respondent

Affidavit for Proceeding In Forma Pauperis

(Minn. Stat. § 563.01)

STATE OF MINNESOTA)
) SS
COUNTY OF)

1. I am a party in this action. I am a natural person (not a corporation, partnership or other entity). In good faith, I request a court order waiving court fees and costs. I cannot support my family and myself and also pay or give security for costs.
2. I believe that I have valid reasons for pursuing this action. **My pleadings** (the Petition, Complaint, Answer, Appeal or other pleading) **are attached**.
3. a. ☐ I am receiving public assistance under one or more of the following **means-tested** programs:
 - ☐ MSA (Minnesota Supplemental Assistance Programs);
 - ☐ MFIP (Minnesota Family Investment Program);
 - ☐ Food Stamps;
 - ☐ General Assistance or Discretionary Work Program;
 - ☐ MinnesotaCare, Medical Assistance, or General Assistance Medical Assistance;
 - ☐ Energy Assistance;
- b. ☐ I am receiving public assistance under some other means-tested program: (Name the program) _____
I have attached proof that I receive public assistance (such as MFIP card or cancelled check from agency) **or I will provide proof if requested**.
- c. ☐ I receive Supplemental Security Income (SSI) as a resource for meeting my expenses.
4. ☐ I am represented by attorney _____ on behalf of _____ a civil legal services program or volunteer attorney program, based on indigency.
5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household.) For my family size, I counted myself and (list all others): _____

Name	Age	Relationship to you

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6. ☐ My gross **annual** family income (before taxes and deductions) is \$_____ which is less than 125% of the Federal Poverty Line for my family size of _____ members.
I have attached proof of my family income or I will provide proof if requested.

7. My gross **monthly** income before taxes and deductions is \$_____. My net (take home) **monthly** income is \$_____, and the source of that income is: ☐ Job / wages

☐ Unemployment ☐ Spousal Support ☐ Trust Income ☐ Social Security
☐ Other: _____

8. My spouse's gross **monthly** income before taxes and deductions is \$_____
My spouse's net (take home) **monthly** income is \$_____, and the source of that income is _____; OR, I do not know my spouse's income because: _____

OR ☐ I am not married.

9. All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of that Income

10. I receive \$ _____ per month in child support (includes medical support and/or child care support).

11. I pay \$ _____ per month in court-ordered child support (includes medical support and/or child care support).

12. I pay \$ _____ per month in court-ordered spousal support.

13. I pay \$ _____ per month for ☐ rent ☐ mortgage payment.

14. I own: Cash \$ _____
Checking, savings and credit union accts \$ _____
Cars, other vehicles (list make, year and equity value [market value minus unpaid loans])

_____ \$ _____
_____ \$ _____

Real Estate (market value minus unpaid mortgage/loans)

Homestead: \$ _____

Other Real Estate: \$ _____

Other personal property (jewelry, stocks, bonds, etc. - list separately)

_____ \$ _____

_____ \$ _____

15. I am presently \$ _____ in debt, excluding car loans and real estate mortgage/loans.

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16. Other factors which support your request are (explain unusual medical expenses, emergencies, reasons that the family money is not available to you, or other circumstances to help the Judge understand your situation): _____

By signing this Affidavit, I am certifying that these statements are true under penalty of perjury. I understand that if I provide false information on the form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or requested records may result in denial of my motion to proceed In Forma Pauperis. I am authorizing that the facts contained in this Affidavit may be verified by any means required.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

E-mail address: _____